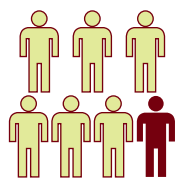


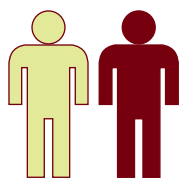
# MAKE HIV TESTING ROUTINE IN YOUR PRACTICE

## THE PROBLEM

- ♦ Every 9½ minutes, someone in the US is infected with HIV.  
[www.nineandahalfminutes.org](http://www.nineandahalfminutes.org)
- ♦ The CDC Estimates more than 14% of persons living with HIV do not know they are infected.
- ♦ Late HIV diagnosis contributes to:
  1. Poor outcomes, decreased productivity, and early death;
  2. Increased health care costs; and
  3. More transmission of HIV.



Nearly one in seven people living with HIV do not know they are infected.



Half of new infections are transmitted by those who do not know they are infected.

## THE FACTS

- ♦ Persons who do not know they are HIV+ may be responsible for more than half of new sexual transmissions of HIV.
- ♦ 1 out of 3 HIV infected Texans are diagnosed with AIDS within one year of their HIV diagnosis.
- ♦ Early diagnosis and treatment leads to better prognosis, greater response to therapy, reduced viral load, and lower transmission of HIV.
- ♦ Hospitals, community clinics, and doctor's offices account for more than half of all HIV diagnoses in Texans.
- ♦ Routine HIV testing in multiple major emergency departments has identified new HIV infections that would have normally been missed.

## THE SOLUTIONS/RESULTS

- ♦ The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. – GRADE A.
- ♦ Establishing early care for HIV+ patients results in better survival gains than chemotherapy (non-small cell lung cancer), adjuvant chemotherapy (breast cancer), acute myocardial infarction, and bone marrow transplant (relapsed non-Hodgkin's lymphoma). *Walensky et al. JID, 2006.*



## STRATEGIES TO OVERCOME BARRIERS

<http://testtexashiv.org>  
[www.dshs.state.tx.us/hivstd/services](http://www.dshs.state.tx.us/hivstd/services)

### TIME CONSTRAINTS

To facilitate routine HIV testing:

- ♦ Conduct patient flow analysis to identify best process for your setting.
- ♦ Institute routine testing in Standing Delegation Orders.
- ♦ Integrate a reminder notification in EMR system.
- ♦ Post reminder messages at points of care directed at providers and staff.

### CONSENT

- ♦ Texas law does not require separate consent form for routine HIV testing.\*
- ♦ General consent for care includes HIV testing.
- ♦ Documented verbal consent is sufficient.
- ♦ Pretest counseling is NOT required.

\* Texas Health and Safety Code, Chapter 81 - Communicable Diseases  
[www.statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm](http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm)

### DELIVERING RESULTS

- ♦ Providing HIV/AIDS diagnosis is no different than delivering a diagnosis of cancer or any other chronic disease. *Back et al. Arch Intern Med. 2007.*
- ♦ Public health disease intervention specialists (DIS) are available to provide results, linkage to care and other services for all newly reported HIV+ cases.

### FOLLOW-UP CARE

- ♦ Local and regional health authorities follow up on all newly reported HIV+ cases to ensure linkage to treatment, prevention counseling, and partner services.
- ♦ Treatment funding is available for eligible persons who test positive.\*\*

\*\* Texas HIV Medication Program  
[www.dshs.state.tx.us/hivstd/meds](http://www.dshs.state.tx.us/hivstd/meds)

The AMERICAN MEDICAL ASSOCIATION ETHICS POLICY states that a physician's duty to promote patient welfare and to improve the public's health are fostered by routinely testing their adult patients for HIV.  
[www.ama-assn.org/go/cejareports](http://www.ama-assn.org/go/cejareports)



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